ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976; Sex: F Adm:8/11/2014, D/C:8/11/2014

Patient Demographics

- duent Demographics	*********	DOB	Addross	Phone 470,436,3432 (Home)
***************************************		0404070	1603 W NEW HOPE RD	479-426-2432 (Home)
Rojas, Ingrid M	Female	9/13/1976	ROGERS AR 72756	479-426-2432 (Mobile)
			RUGERS AR 12130	110 120 2 102 (

Patient Ethnicity & Race	
Ethnic Group Hispanic	Patient Race Hispanic

A Times	OR //1/2014 3:08	Admit Date/Time:	08/11/2014 3:08	IP Adm.	None
Arrival Date/Time:	08/11/2014 3:08	Admit Date/Time.	PM	Date/Time:	
	PM	Point of Origin:	Home/self	Admit Category:	No - Copay
Admission Type:	Emergency		Fd	Secondary	None
Means of Arrival:	Rogers Ems	Primary Service:	Eu	Service:	
Transfer Source:	None	Service Area:	Mercy Health Northwest	Unit:	Rogr Emergeno Department
			Arkansas Communities		
Admit Provider:	None	Attending Provider:	Holland, Bradly Shane, MD	Referring Provider:	None

Discharge Information			
Discharge Discharge Date/Time Disposition	Discharge Destination	Discharge Prov	der Unit
08/11/2014 6:54 PM Home Or Self Care	Home	None	Rogr Emergency Department

Diagnosis Information

Primary Visit Diagnosis:	Severe headache		
Principal Problem:	None found		ADT Free Text
Visit Diagnoses		ADT Coded Diagnoses	Diagnoses
Severe headache	None found	None found	None found
Uncontrolled diabetes			
mellitus			

Contact Information

Name	Relation	Home Work	Mobile
AGUILLAR FRANCISCO	Significant Other	330-260-4248	470 004 6754
ROJAS,WESLEY	Son		479-234-6754 818-916-1122
CHAVEZ,ALICIA	Other		818-916-1122

	Adr						

Administrative Informat	ion	
Encounter Classifica	ntion(s) Referring Provider	Visit Indicator
None	None	None

Advance Directives

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

Administrative Information (continued) Advance Directives (continued) Advance Directives Power of Attorney On File? No On File? No General Information 08/11/14 1605 General Information Identification - AB Armband, In Place/Activated Safety ID band on;call Factors light in Adult reach; wheels locked; bed in low position -AB

(r) = User Recd, (t) = User Taken, (c) = User Cosigned User Key Initials Effective Dates 07/03/13 -

Billiard, Amber N, RN AB

Events		<u> </u>	40.000.000.000.000.000.000.000.000.000.		Camila
Date/Time	Event	Pt Class	Unn	Room/Bea	Service
08/11/14 1508	Patient arrived		ROGR EMERGENCY		
	in ED		DEPARTMENT		
08/11/14 1508	Patient roomed	Emergency	ROGR EMERGENCY	HALL F/HALL F	ED
00/11/11/000	in ED	5 1	DEPARTMENT		
08/11/14 1543	Patient roomed	Emergency	ROGR EMERGENCY	HALL F/HALL F	ED
00/11/14/1040	in ED		DEPARTMENT		
08/11/14 1854	Patient	Emergency	ROGR EMERGENCY	HALL F/HALL F	ED
00/11/14 1034	discharged	Lineigeney	DEPARTMENT		

Hospital Account Primary Status Coverage Acct ID Class Name UNITED 811422306 Emergency Closed Rojas, Ingrid M HEALTHCARE -76 UNITED **HEALTHCARE**

Guarantor Account (for Hospital Accoun	nt #81142230676)		<i></i>
Nama	TACKUOU TO TO THE TOTAL TO THE	a Active?	Acct Type
Rojas, Ingrid M	MHSA	Yes	Personal/Family
Address	Phone		
1603 W NEW HOPE RD	479-426-2432(H)		
ROGERS, AR 72756	000-000-0000(O)		
	Emp Occupation		

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

renter Account (for Hospital A	accust #844.42230676) (continued)		
Tanto Account for Hospital	ccount #81142230676) (continued)		
	Not	////e/e/i///e/e/////e/e////e/e/////e/e////e/e////	
HOMEMAKER	Employed		
	Emp Phone		
Emp Address			

	1 A applied #911 (2230676)		
verage Information (for Hospita	II ACCOUNT #8114223007 V		
1. UNITED HEALTHCARE/UNIT	ED HEALTHCARE		Precert #
E/O Pavor/Plan			I ICOCIO
UNITED HEALTHCARE/UNIT	ΓED HEALTHCARE	I B. C. W. L. A. DI	Subscriber #
Subscriber		Relation to Pt	911242849
Rojas, Ingrid M		Self	311242043
Grp#			taresa a responsa de su a ser en la ser La consta a responsa de ser en la ser en
7P7145		****	
Address	Phone	**************************************	
PO BOX 740800			
ATLANTA, GA 30374			
Policy Number	Status	Eme	ctive Date
911242849	-		
Subscriber Emp	Emp Phon	e EM	a Address
HOMEMAKER			
HOMEMAKEK			
2. MEDICAID/MEDICAID ARKA	NSAS		
F/O Payor/Plan			Precert #
MEDICAID/MEDICAID ARK	ANSAS	. 1	
		The second secon	A NO KEN GOOD OF BUILDING TO
		Relation to Pt	Subscriber #
Subscriber		Self	Subscriber # 6397419101
Subscriber Rojas, Ingrid M		Charles Comment of the Comment of th	
Subscriber		Charles Comment of the Comment of th	
Subscriber Rojas, Ingrid M Grp #	Phone	Charles Comment of the Comment of th	
Subscriber Rojas, Ingrid M Grp # Address		Charles Comment of the Comment of th	
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034	Phone	Self	6397419101
Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203	Phone	Self	
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number	Phone 800-457-4454	Self Eff	6397419101 ective Date
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101	Phone 800-457-4454	Self Eff	6397419101
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101 Subscriber Emp	Phone	Self Eff	6397419101 ective Date
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101	Phone	Self Eff	6397419101 ective Date
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101 Subscriber Emp	Phone	Self Eff	6397419101 ective Date
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101 Subscriber Emp HOMEMAKER	Phone	Self Eff	6397419101 ective Date
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101 Subscriber Emp HOMEMAKER	Phone 800-457-4454 Status Emp Pho	Self Eff	6397419101 ective Date
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101 Subscriber Emp HOMEMAKER	Phone 800-457-4454 Status Emp Phone Plan Group	Self Eff ne En	6397419101 ective Date ip Address
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101 Subscriber Emp HOMEMAKER	Phone 800-457-4454 Status Emp Phone Plan Group UNITED 7P7145	Self Eff	6397419101 ective Date ip Address Effective Dates
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101 Subscriber Emp HOMEMAKER Payor UNITED HEALTHCARE	Phone 800-457-4454 Status Emp Phone Emp Phone Emp Phone Plan Group UNITED 7P7145 HEALTHCARE [4635]	Self Eff ne En	6397419101 ective Date ip Address Effective Dates
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101 Subscriber Emp HOMEMAKER Payor UNITED HEALTHCARE Subscriber: ROJAS INGRID	Phone 800-457-4454 Status Emp Pho Plan Group UNITED 7P7145 HEALTHCARE [4635] M [911242849]	Self Eff ne En	6397419101 ective Date ip Address Effective Dates
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101 Subscriber Emp HOMEMAKER Payor UNITED HEALTHCARE	Phone 800-457-4454 Status Emp Phon Plan Group UNITED 7P7145 HEALTHCARE [4635] M [911242849] M	Self Eff Member 911242849	6397419101 ective Date p Address Effective Dates 5/1/2014 - 9/30/20
Subscriber Rojas, Ingrid M Grp # Address PO BOX 8034 LITTLE ROCK, AR 72203 Policy Number 6397419101 Subscriber Emp HOMEMAKER Payor UNITED HEALTHCARE Subscriber: ROJAS INGRID	Phone 800-457-4454 Status Emp Pho Plan Group UNITED 7P7145 HEALTHCARE [4635] M [911242849]	Self Eff ne En	ective Date p Address Effective Dates 5/1/2014 - 9/30/201

2710 Rife Medical Lane

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

Administrative Information (continued)

Insurance as of8/11/2014 (continued)

 Payor
 Plan
 Group
 Member
 Effective Dates

 MEDICAID
 MEDICAID
 6397419101
 12/1/2013

MEDICAID MEDICAID ARKANSAS [2099]

Subscriber: ROJAS INGRID M [6397419101]

Guarantor: ROJAS, INGRID M

Patient Employment

Employment Status Employer

Not Employed HOMEMAKER

blem List as of 8/11/2014		oblem Lis		Date Reviewed: 7/31/201
Diem List as of 0.1 m2014	Priority	Class	Noted - Resolved	Last Modified
Sterilization	<u>adamanan Banan</u>		11/15/2007 - Present Entered by Inte List	11/15/2007 by Interface, Sor Aok Conv Problem List rface, Som Aok Conv Problem
Unspecified Asthma			11/15/2007 - Present Entered by Inte List	11/15/2007 by Interface, Sor Aok Conv Problem List rface, Sorn Aok Conv Problem
RESOLVED: Diabetes mellitus, antepartum			11/15/2007 - 7/24/2014 Entered by Inte List	7/24/2014 by Reyes, Katiutschka Estela, APRN rface, Som Aok Conv Problem
Prev C-Delivery-Delivrd			11/15/2007 - Present	eyes, Katiutschka Estela, APRI 11/15/2007 by Interface, Soi Aok Conv Problem List erface, Som Aok Conv Problem
Polyhydramnios, Antepartum Complication			11/15/2007 - Present Entered by Inte List	11/15/2007 by Interface, So Aok Conv Problem List erface, Som Aok Conv Problem
RESOLVED: Dyschromia, unspecifie	d		11/15/2007 - 7/24/2014 Entered by Inte List	7/24/2014 by Reyes, Katiutschka Estela, APRN erface, Som Aok Conv Problem
Depression			7/24/2014 - Present	Reyes, Katiutschka Estela, APR 7/24/2014 by Reyes, Katiutschka Estela, APRN yes, Katiutschka Estela, APRN
Diabetic neuropathy (Chronic)			7/24/2014 - Present	7/24/2014 by Reyes, Katiutschka Estela, APRN yes, Katiutschka Estela, APRN
Type II or unspecified type diabete	s		7/31/2014 -	7/31/2014 by Reyes,

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS,INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

	5 0/44 1994 A facertinued)			Date Reviewed	7/31/2014
roblem List as	of 8/11/2014 (continued)	X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X 0	Noted -		
	Priority Cla	ISS	Resolved	Last Modified	
	out mention of	Y. A. A. Y. A.	Present	Katiutschka Estela,	APRN
complication,					
(Chronic)	Bilcontrolled				
(Gillollic)			Entered by Reye	es. Katiutschka Estela	
Hyperlipidem	ia		7/31/2014 -	7/31/2014 by Reyes	
пурстиристи	194		Present	Katiutschka Estela,	
			Entered by Rey	es, Katiutschka Estela	APRIN
					O
Surgical	Past Surgical History	Laterality	<u>Date</u>	<u> </u>	Comments
as of 8/11/2014	HX OVARIAN CYST REMOVAL [SHX89]		<u> </u>	**************************************	
	CHG REMOVAL OF OVARY(S) [5894005]	0 220 220 220	220220000000000000000000000000000000000		90 000 0 000 0 00 90 000 0 000 0 00
	HX APPENDECTOMY [SHX54]	P X X P X X P X X P X			
	PR LIGATE FALLOPIAN TUBE [58600]	\$ 0 0 X 0 0 X 9 0 X			0×00×00×0
	HX CHOLECYSTECTOMY [SHX55]			<u> </u>	<u> </u>
	HX HERNIA REPAIR [SHX51]	488888888			
	HX HYSTERECTOMY [SHX81]				Comments
	Figure 10.1 a fundata analysis of the control of th	aterality	Date	COLLEGE AND A SERVICE AND ASSESSMENT OF THE SERVICE AND ASSESSMENT AND ASSESSMENT ASSESS	
	Pertinent Negatives	Laterality	Date 4/10/2014	200 222 222 222 222 222 222 222	
	PT DENIES RELEVANT SURGICAL HISTORY	And an order of the last of th	Date 4/10/2014	200 222 222 222 222 222 222 222	
	Pertinent Negatives PT DENIES RELEVANT SURGICAL HISTORY [SHX169]	And an order of the last of th		200 222 222 222 222 222 222 222	
	PT DENIES RELEVANT SURGICAL HISTORY	And an order of the last of th		200 222 222 222 222 222 222 222	
Madical	PT DENIES RELEVANT SURGICAL HISTOR) [SHX169]	And an order of the last of th		<u></u>	Source
	PT DENIES RELEVANT SURGICAL HISTOR) [SHX169] Past Medical History		4/10/2014	S	Source Provider
Medical as of 8/11/2014	PT DENIES RELEVANT SURGICAL HISTOR) [SHX169] Past Medical History Diabetes		4/10/2014	<u>15</u>	Source Provider Provider
Medical as of 8/11/2014	PT DENIES RELEVANT SURGICAL HISTOR) [SHX169] Past Medical History Diabetes Unspecified essential hypertension		4/10/2014	<u>15</u>	Source Provider Provider Provider
	PT DENIES RELEVANT SURGICAL HISTOR) [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma		4/10/2014	<u>is</u>	Source Provider Provider Provider Provider
	PT DENIES RELEVANT SURGICAL HISTOR) [SHX169] Past Medical History Diabetes Unspecified essential hypertension [Asthma] Fatty liver		4/10/2014	<u>is</u>	Source Provider Provider Provider Provider Provider
	PT DENIES RELEVANT SURGICAL HISTOR) [SHX169] Past Medical History Diabetes Unspecified essential hypertension [Asthma] Fatty liver [Arthritis]		4/10/2014	<u>is</u>	Source Provider Provider Provider Provider Provider Provider
	PT DENIES RELEVANT SURGICAL HISTOR) [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane	Date	4/10/2014	<u>is</u>	Source Provider Provider Provider Provider Provider Provider Provider
	PT DENIES RELEVANT SURGICAL HISTOR) [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS Antepar	Date 11/15/2007 11/15/2007	4/10/2014	<u>is</u>	Source Provider Provider Provider Provider Provider Provider Provider Provider
	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS-Antepar Influenza with other respiratory manifestations	Date 11/15/2007 11/15/2007	4/10/2014 Comment	is.	Source Provider Provider Provider Provider Provider Provider Provider Provider Provider
	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication	Date 11/15/2007 11/15/2007 11/15/2007	4/10/2014	is.	Source Provider
	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS-Antepar Influenza with other respiratory manifestations	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007	Comment	is.	Source Provider
	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication Pregnancy with Other Poor Obstetric History	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007	Comment	is.	Source Provider
	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication Pregnancy with Other Poor Obstetric History Prev C-Delivery-Delivrd Unspecified Asthma Sterilization	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007	Comment	is.	Source Provider
	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication Pregnancy with Other Poor Obstetric History Prev C-Delivery-Delivrd Unspecified Asthma	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007	Comment	<u>is</u>	Source Provider
	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS-Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication Pregnancy with Other Poor Obstetric History Prev C-Delivery-Delivrd Unspecified Asthma Sterilization Polyhydramnios, antepartum complication Pertinent Negatives	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 Date	Comment	<u>is</u>	Source Provider
	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS-Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication Pregnancy with Other Poor Obstetric History Prev C-Delivery-Delivrd Unspecified Asthma Sterilization Polyhydramnios, antepartum complication	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007	Comment	<u>is</u>	Source Provider
as of 8/11/2014	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication Pregnancy with Other Poor Obstetric History Prev C-Delivery-Delivrd Unspecified Asthma Sterilization Polyhydramnios, antepartum complication Pertinent Negatives Patient denies relevant medical history	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 0216 04/10/2014	Comment Comment	<u>is</u>	Source Provider
as of 8/11/2014 Surgical	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication Pregnancy with Other Poor Obstetric History Prev C-Delivery-Delivrd Unspecified Asthma Sterilization Polyhydramnios antepartum complication Pertinent Negatives Patient denies relevant medical history Past Surgical History	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 Date	Comment	<u>is</u>	Source Provider
as of 8/11/2014	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication Pregnancy with Other Poor Obstetric History Prev C-Delivery-Delivrd Unspecified Asthma Sterilization Polyhydramnios, antepartum complication Pertinent Negatives Patient denies relevant medical history Past Surgical History HX OVARIAN CYST REMOVAL	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 0216 04/10/2014	Comment Comment	<u>is</u>	Source Provider
as of 8/11/2014 Surgical	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS-Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication Pregnancy with Other Poor Obstetric History Prev C-Delivery-Delivrd Unspecified Asthma Sterilization Polyhydramnios antepartum complication Pertinent Negatives Patient denies relevant medical history Past Surgical History HX OVARIAN CYST REMOVAL CHG REMOVAL OF OVARY(S)	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 0216 04/10/2014	Comment Comment	<u>is</u>	Source Provider
as of 8/11/2014 Surgical	PT DENIES RELEVANT SURGICAL HISTORY [SHX169] Past Medical History Diabetes Unspecified essential hypertension Asthma Fatty liver Arthritis Central perforation of tympanic membrane Fetal Abn NOS Antepar Influenza with other respiratory manifestations Polyhydramnios, antepartum complication Pregnancy with Other Poor Obstetric History Prev C-Delivery-Delivrd Unspecified Asthma Sterilization Polyhydramnios, antepartum complication Pertinent Negatives Patient denies relevant medical history Past Surgical History HX OVARIAN CYST REMOVAL	Date 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 11/15/2007 0216 04/10/2014	Comment Comment	<u>is</u>	Source Provider

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976; Sex: F Adm:8/11/2014, D/C:8/11/2014

	HX HERNIA REPAIR	3					
	HX HYSTERECTOR						
. 4	Pertinent Negatives		La	terality	Date	X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 0 X 0 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X 0 0 0 X 0 0 0 0 X 0	Comments
	PT DENIES RELEV	ANT SURGICA			4/10/20	14	
			alation N	ame	Age of Onset	Comme	nts Source
	<u>Problem</u>			airie	AGE OF OTHEOL		Provider
s of 8/11/2014	Diabetes		1other	22022022	<u> </u>	<u>, a no a alba a no a n</u>	Provider
	Heart Disease		Maternal Grandmother				
	lacraskazzazoszo:		/laternal				Provider
	Heart Disease		Grandfather				
	Unknown		ather				Provider
	Heart Disease		Sister				Provider
	Healthy		Brother				Provider
	Heart Disease		Paternal				Provider
	Heatt Disease		Grandmother				
	Heart Disease		Paternal				Provider
	Healt Disease		Grandfather				
- - -	Healthy		Daughter	2882888888 286286886			Provider
	Healthy	********	Son				Provider
	Heart Disease		Sister	X > 0			Provider
	Hypertension		Sister	Y W A Y W A Y W A			Provider
	Healthy		Sister				Provider
	пеашу						
		N. C	Ctatus	Death	Age Cor	nments	Source
amily Status	Relation	Name	<u>Status</u>	Deau	Age COI	**************************************	Provider
as of 8/11/2014	Mother		Alive		<u> </u>	<u> </u>	Provider
	Maternal Grandmo		Deceasi	V W A V W A V W A	XX		Provider
	Maternal Grandfath	ier	Deceas	ea	200 200 000 000 000 0	&x	Provider
	Father		Alive		001000000000	221220202020	Provider
	Sister		Alive	0000 0 0000000000000000000000000000000	000000000000000000000000000000000000000		Provider
	Brother		Alive				Provider
	Paternal Grandmol	ther	Deceas		XX 0 XX 0 XX 0 XX 0 XX 0 XX 0 XX 0 XX 0	<u> </u>	
	Paternal Grandfath	er	Deceas	ed			Provider
	Daughter		Alive			20 220 220 220 220 2 20 220 220 220 220	Provider
	Son		Alive				Provider
	Sister		Alive	XX 0 XX 0 XX 0	XX00XX0XXXXXXXXX	XX 0 XX 0 XX 0 XX XX 0 XX 0 XX 0 XX	Provider
			Alive				Provider
	Sister					******	Provider
	Sister			**** * ** ** * * ** ** **			
Fohacea Hea S	Sister	ırce Types	Alive Packs/day	ears C	Comments S	moking Smol	king Smokeles Smokele
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Tobacco Use S	Sister	ırce <u>Types</u>	Packs/day \	Jsed	Comments S	moking Smol tart Date Quit I	king Smokeles Smokele Date s Tobacco s Tobac Status Quit Dat
t.	Sister Smoking Status Sou	urce Types	Packs/day \		Comments S	moking <u>Smol</u> tart Date Quit I	Smokeles Smokele Date s Tobacco s Tobac Status Quit Dat
as of	Sister Smoking Status Sou		Packs/day \	Jsed	Comments S	moking <u>Smok</u> tart Date Quit I	king Smokeles Smokele Date s Tobacco s Tobac Status Quit Dat
	Sister Smoking Status Soulever Smoker Pro		Packs/day \	Jsed	Comments S	moking <u>S</u> mok tart Date Quit I	Smokeles Smokele Date s Tobacco s Tobac Status Quit Dat
as of B/11/2014	Sister Smoking Status South	vider	Packs/day	Jsed	S	tart Date Quit I	Smokeles Smokele Date s Tobacco s Tobac Status Quit Dat Never Used
as of B/11/2014 Alcohol Use	Sister Smoking Status Sou Bever Smoker Pro	vider Source	Packs/day \ D:0	Jsed).0	<u>S</u> <u>Alcoh</u>	tart Date Quit I	Smokeles Smokele Date s Tobacco s Tobac Status Quit Dat Never Used
as of 8/11/2014	Sister Smoking Status Sou Bever Smoker Pro	vider	Packs/day	Jsed).0	S	tart Date Quit I	Smokeles Smokele Date s Tobacco s Tobac Status Quit Dat Never Used
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as of 8/11/2014 Alcohol Use as of 8/11/2014 Drug Use as of 8/11/2014	Sister Smoking Status South Bever Smoker Pro Alcohol Use Yes Drug Use No	Source Provider Source Provider	Packs/day \\ D 0 \\ Drinks/Week \\ Glasses of v	Jsed).0	Alcoh 0.5 o. Frequ	tart Date Quit I	king Smokeles Smokele Date s Tobacco s Tobac Status Quit Dat Never Used nments asional
as of 8/11/2014 Alcohol Use as of 8/11/2014 Drug Use as of 8/11/2014 Sexual Activity	Sister Smoking Status South Bever Smoker Pro Alcohol Use Yes Drug Use No Sexually Active	Source Provider Source Provider	Packs/day \\ D 0 0 Drinks/Week Glasses of v Types Birth Control	Jsed).0	Alcoh 0.5 o Frequ 0.00	tart Date Quit I	king Smokeles Smokele Date s Tobacco s Tobac Status Quit Dat Never Used nments asional
as of 8/11/2014 Alcohol Use as of 8/11/2014 Drug Use as of 8/11/2014	Sister Smoking Status South Bever Smoker Pro Alcohol Use Yes Drug Use No Sexually Active	Source Provider Source Provider Source Provider	Packs/day \\ D 0 \\ Drinks/Week \\ Glasses of v	Jsed).0 vine	Alcoh 0 S o Frequ 0 00 Partr	tart Date Quit I	Sing Smokeles Smokele Date s Tobacco s Tobac Status Quit Dat Never Used nments asional

ROJAS,INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

ocial ADL as of 8/11/2014	ADL Question **None**	Response	Comments			Source
Social Doc as of 8/11/2014	**None**					
		Employe		Comments		Source
Occupational	Occupation	Employe HOMEN		*****		Provider
as of 8/11/2014	XX -	HAIM	BON Mani A	**************************************		
Socioeconomic	Marital Status Spou	se Name	Num of Chile	<u>dren</u> <u>Yea</u>	rs Education	Source Provider
as of 8/11/2014	Legally separated			000000000000000000000000000000000000000		
45 01 0/1 // 2011	Preferred Language Ethni	city	Race		~~ ^ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	000000000000000000000000000000000000000
	Spanish Hisp		Hispanic		*******	
OB History						
/B HISTOLY		Abo	ortion			
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amily	Problem	Relatio	n <u>Name</u>	Age of Onset	Committee	Source
as of 8/11/2014		Mother			N A A M A W W A W W W W W W W W	Provider
as of 8/11/2014	Heart Disease	Matern	al			Provider
	, route broader	Grandr			@2.d@2.0@2.0@20@3	Provider
	Heart Disease	Matern	20 to 2 20 to 2 2 20 2 20 20 20 20 20 20 20 20 20 20			
		Grandf	ather		*** *** *** ***	Provider
	Unknown	Father	× × × × × × × × × × × × ×	29820820828088		Provider
	Heart Disease	Sister		0 100 100 100 100 100 100 100 100 100 1	**************	Provider
	Healthy	Brothe	and a supplied with the second section of the			Provider
	Heart Disease	Patern	0. 20 0 0. 20 M A A M M A A M A A M			
		Grandi Patern			· · · · · · · · · · · · · · · · · · ·	Provider
	Heart Disease	Grandf				
	Healthy	Daugh				Provider
	Healthy	Son				Provider
	Heart Disease	Sister				Provider
	Hypertension	Sister				Provider
	Healthy	Sister				Provider
Family Status	Relation	Name	Status Dea	th Age Comm	ents	Source
as of 8/11/2014	1 5 2 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1	200 200 200 200 200	Alive	XX	X	Provider
us 01 0/11/2014	Maternal Grandmother		Deceased		: :::::::::::::::::::::::::::::::::::::	Provider
	Maternal Grandfather		Deceased			Provider
	Father		Alive			Provider
	Sister	2 X X X X X X X X X X X X X X X X X X X	Alive			Provider
			Alive			Provider
	Brother					
			Deceased		******	Provider
	Brother Paternal Grandmother		Deceased			Provider
	Brother					

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS,INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

Sister	Alive	Provider
Sister	Alive	Provider
Sister	Alive	Provider

Prior to Admission Meds

Reviewed by Billiard, Amber N, RN (Registered Nurse) on 08/11/14 at 1606

11/14 at 1606	T-13		Documenting Provider	Status	Last Dose
Medication atorvastatin (LIPITOR) 20 mg tablet	Taking? No	Sig Take 1 Tab by mouth Daily LATE.	Reyes, Katiutschka Estela, APRN	Active	:: <u> </u>
olood sugar diagnostic (ONE TOUCH VERIO) Strip	No	1 Strip by See Admin Instructions route 4 times daily before meals and at bedtime. Dx:250.02	Reyes, Katiutschka Estela, APRN	Active	
nyoscyamine (LEVSIN) 0.125 mg tablet	No	Take 1 Tab by mouth every 4 hours as needed for Spasm (gastrointestinal).	Antuna, John C, DO	Active	
nsulin detemir (LEVEMIR FLEXPEN) 100 unit/mL Insulin Pen	No	Inject 30 Units by subcutaneous injection daily at bedtime. Dx:250.02	Reyes, Katiutschka Estela, APRN	Active	
nsulin lispro (HUMALOG KWIKPEN) 100 unit/mL Insulin Pen	No	Inject 20 Units by subcutaneous injection 3 times daily with meals. Dx:250.02	Reyes, Katiutschka Estela, APRN	Active	
ancets (ONE TOUCH DELICA LANCETS) 30 gauge	Na	1 Each by Misc.(Non-Drug; Combo Route) route 4 times daily. Dx:250.02	Reyes, Katiutschka Estela, APRN	Active	
LORazepam (ATIVAN) 1 mg tablet	No	Take 1 Tab by mouth every 6 hours as needed for Anxiety, Nausea/Emesis or Discomfort.	Antuna, John C, DO	Active	
metFORMIN (GLUCOPHAGE) 1,000 mg tablet	No	Take 1 Tab by mouth 2 times daily with meals.	Reyes, Katiutschka Estela, APRN	Active	

	Allergies	
Allergies as of 8/11/2014		Reviewed on: 8/11/2014
	Noted Type	Reactions
Penicillins	06/23/2008	Unknown

Immunizations

mmunizations as of 8/11/2014

Never Reviewed

No immunizations on file.

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

ER Records

ED Arrival Informa	ation				8 9 - 0 00 00 00 00 00	6 9 11 11 11 11 11	
XX 0 XX		Acu			Servi	Admission	Arrival Complaint
Expected	Arrival	ity	Arrival	4,140,000,000,000,000,000,000,000	ce		head and neck pain. blood
8/11/2014	8/11/2014	ESI	Rogers EMS	Self	ED	Emergency	sugar 343
15:08	15:08	3					Sugui 040

Chief Complaint

Headache

blood sugar 343

FD Final Diagnosis

ED Final Diagnosis				Provider
Diagnosis Comment	Added By	Added	Team Role	Specialty
Severe headache	Holland, Bradly Shane, MD	8/16/2014 12:06 PM	Attending Provider	Emergency Medicine
Uncontrolled diabetes mellitus		8/16/2014 12:07 PM	Attending Provider	Emergency Medicine

ED Disposition

Discharg

e

ED Provider Notes

	 Q. V. V. A. W. S. A. M. SO SO SCIENCES. 	
ED Provider Notes signed by Holland	0,	145 -4 0/40/004 4 42:00 DRA
: I Ni to - simular Holland	Readly Shan	16 MID at 8/10/2014 12:00 FIVE
ED Provider Notes Signed by Holidily	, Diadily Silan	C, IVID OL OF TOTAL

Service

Holland, Bradly Author

Shane, MD

(none)

Author

Physician

Type:

Filed:

8/16/2014 12:09 PM

Note Time: 8/16/2014 11:57 AM

Related

Original Note by Holland, Bradly Shane, MD filed at 8/16/2014 12:08 PM

Notes:

HISTORY OF PRESENT ILLNESS

Ingrid M Rojas, a 37 y.o. female presents to the ED with a Chief Complaint of Headache

The history is provided by the patient. The history is limited by a language barrier. A language interpreter was used. The patient arrived by EMS. The patient arrived from home.

Headache

This is a recurrent problem. The current episode started 3 to 5 hours ago. The problem occurs constantly. The problem has been gradually worsening. The headache is associated with emotional stress. Pain location: entire head hurts. The quality of the pain is described as throbbing. The pain is at a severity of 10/10. The pain does not radiate. Associated symptoms include malaise/fatigue, nausea and dizziness. Pertinent negatives include no anorexia, no fever, no chest pressure, no near-syncope, no orthopnea, no palpitations, no syncope, no shortness of breath, no vomiting, no loss of balance and no visual change.

REVIEW OF SYSTEMS

Review of Systems

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS.INGRID M MRN: E1501344153 DOB: 9/13/1976. Sex: F Adm:8/11/2014, D/C:8/11/2014

ER Records (continued)

ED Provider Notes (continued)

Constitutional: Positive for malaise/fatigue. Negative for fever.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for palpitations, orthopnea, syncope and near-syncope.

Gastrointestinal: Positive for nausea. Negative for vomiting and anorexia.

Neurological: Positive for dizziness and headaches. Negative for loss of balance.

PAST MEDICAL HISTORY REVIEWED

MEDICAL

Patient has a past medical history of Unspecified essential hypertension; Asthma; Fatty liver; Arthritis; Central perforation of tympanic membrane (11/15/2007); Fetal Abn NOS-Antepar (11/15/2007); Influenza with other respiratory manifestations (11/15/2007); Polyhydramnios, antepartum complication (11/15/2007); Pregnancy with Other Poor Obstetric History (11/15/2007); Prev C-Delivery-Delivrd (11/15/2007); Unspecified Asthma (11/15/2007); Sterilization (11/15/2007); Polyhydramnios, antepartum complication (11/15/2007); and Diabetes (2005). She also has no past medical history of Patient denies relevant medical history.

SURGICAL

Patient has past surgical history that includes appendectomy; ligate fallopian tube; cholecystectomy; hernia repair; hysterectomy (2009); salpingo-oophorectomy (2009); and cesarean section.

FAMILY

Patient's family history includes Diabetes in her mother; Healthy in her brother, daughter, sister, and son; Heart Disease in her maternal grandfather, maternal grandmother, paternal grandfather, paternal grandmother, and sisters; Hypertension in her sister; and Unknown in her father. There is no history of Breast Cancer, and Colon Cancer, and Ovarian Cancer, .

SOCIAL

reports that she has never smoked. She has never used smokeless tobacco. She reports that she drinks about 0.5 ounces of alcohol per week. She reports that she currently engages in sexual activity. She reports using the following method of birth control/protection: Surgical. She reports that she does not use illicit drugs.

PROBLEM LIST

Patient has Sterilization; Unspecified Asthma; Prev C-Delivery-Delivrd; Polyhydramnios, Antepartum Complication; Depression; Diabetic neuropathy; Type II or unspecified type diabetes mellitus without mention of complication, uncontrolled; and Hyperlipidemia on her problem list.

ALLERGIES

Penicillins

HOME MEDICATIONS

Discharge Medication List as of 8/11/2014 6:41 PM

CONTINUE these medications which have NOT CHANGED

CONTINUE these medications w	Details
atorvastatin (LIPITOR) 20 mg tablet	Take 1 Tab by mouth Daily LATE., Disp-30 Tab, R-3
insulin detemir (LEVEMIR FLEXPEN) 100 unit/mL Insulin Pen	Inject 30 Units by subcutaneous injection daily at bedtime. Dx:250.02, Disp-15 mL, R-3

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ED Provider Notes (continued)	1 0 050 00
insulin lispro (HUMALOG KWIKPEN) 100 unit/mL Insulin Pen	Inject 20 Units by subcutaneous injection 3 times daily with meals. Dx:250.02. Disp-30 mL, R-3
blood sugar diagnostic (ONE TOUCH VERIO) Strip	1 Strip by See Admin Instructions route 4 times daily before meals and at bedtime. Dx:250.02, Disp-120 Strip, R-11
ancets (ONE TOUCH DELICA LANCETS) 30 gauge	1 Each by Misc.(Non-Drug; Combo Route) route 4 times daily. Dx:250.02, Disp-120 Each, R-11
metFORMIN (GLUCOPHAGE) 1,000 mg tablet	Take 1 Tab by mouth 2 times daily with meals., Disp-60 Tab, R-3
hyoscyamine (LEVSIN) 0.125 mg tablet	Take 1 Tab by mouth every 4 hours as needed for Spasm (gastrointestinal) Disp-20 Tab, R-0
LORazepam (ATIVAN) 1 mg tablet	Take 1 Tab by mouth every 6 hours as needed for Anxiety, Nausea/Emesis of Discomfort., Disp-15 Tab, R-0

PHYSICAL EXAM

INITIAL VS

BP: 127/92 mmHg (08/11/14 1510), Heart Rate (Monitored): 100 bpm (08/11/14 1510), Resp: 24 (08/11/14 1510), Temp: 98.4 °F (36.9 °C) (08/11/14 1510), Temp src: Temporal (08/11/14 1510), SpO2: 100 % (08/11/14 1510), Height: 5' 3" (160 cm) (08/11/14 1510), Weight: 77.111 kg (08/11/14 1510), BMI (Calculated): 30.18 (08/11/14 1510) No LMP recorded. Patient is not currently having periods (Reason: Other (see comments)).

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. She appears distressed.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal. Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Normal range of motion. Neck supple. No JVD present. No tracheal deviation present. No thyromegaly

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress. She has no wheezes. She has no rales. She exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976. Sex: F Adm:8/11/2014, D/C:8/11/2014

																			e		

ED Provider Notes (continued)

Genitourinary:

Deferred

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time. She has normal strength. She displays no atrophy, no tremor and normal reflexes. No cranial nerve deficit or sensory deficit. She exhibits normal muscle tone. She displays no seizure activity. Coordination normal. Reflex Scores:

Tricep reflexes are 2+ on the right side and 2+ on the left side.

Bicep reflexes are 2+ on the right side and 2+ on the left side.

Brachioradialis reflexes are 2+ on the right side and 2+ on the left side.

Patellar reflexes are 2+ on the right side and 2+ on the left side.

Achilles reflexes are 2+ on the right side and 2+ on the left side.

Skin: Skin is warm and dry. No rash noted. She is not diaphoretic.

Psychiatric: Her behavior is normal. Judgment and thought content normal. Her mood appears anxious. Her affect is blunt and labile. She exhibits a depressed mood.

D	IA	G	N	0	S'	П	C	<u>s</u>

LAB:

RADIOLOGY:

EKG:

PROCEDURES

Procedures

MEDICAL DECISION MAKING AND PLAN OF CARE

REEVALUATION

CASE DISCUSSED

Medications Administered During the ED Stay from 08/11/2014 1508 to 08/16/2014 1207

Medications Admi	nistered During the ED Stay from US/	11/2014	1000	.0 00/10/2014 120/
Date/Time	Order	Dose	Route	Action
08/11/2014	ketorolac (TORADOL) injection 15 mg	15 mg	IV	Given
1537 08/11/2014 1538	LORazepam (ATIVAN) 2 mg/mL injection 1 mg	1 mg	IV	Given
	DOOD HEALTH INCOR	MATION	ı	PO IAS INGRID M

ovider Notes	(continued)	Villing	, M.J.	
08/11/2014	nalBUPHine (NUBAIN) injection 10	10 mg	IV	Given
1754	mg			1122da
08/11/2014	sodium chloride 0.9% bolus solution	0 mL	IV	Stopped
1841	1,000 mL			
08/11/2014	sodium chloride 0.9% bolus solution	1,000	IV	New Bag
1746	1,000 mL	mL		
08/11/2014	prochlorperazine (COMPAZINE)	10 mg	IV	Given
1751	injection 10 mg			

Discharge Medication List as of 8/11/2014 6:41 PM

CONTINUE these medications which have NOT CHANGED

Details
Take 1 Tab by mouth Daily LATE., Disp-30 Tab, R-3
Inject 30 Units by subcutaneous injection daily at bedtime. Dx:250.02, Disp-15 mL, R-3
Inject 20 Units by subcutaneous injection 3 times daily with meals. Dx:250.02, Disp-30 mL, R-3
1 Strip by See Admin Instructions route 4 times daily before meals and at bedtime. Dx:250.02, Disp-120 Strip, R-11
1 Each by Misc.(Non-Drug; Combo Route) route 4 times daily. Dx:250.02, Disp-120 Each, R-11
Take 1 Tab by mouth 2 times daily with meals., Disp-60 Tab, R-3
Take 1 Tab by mouth every 4 hours as needed for Spasm (gastrointestinal) Disp-20 Tab, R-0
Take 1 Tab by mouth every 6 hours as needed for Anxiety, Nausea/Emesis or Discomfort., Disp-15 Tab, R-0

LAST VITALS

BP: 113/67 mmHg (08/11/14 1812), Heart Rate (Monitored): 85 bpm (08/11/14 1812), Resp: 24 (08/11/14 1510), Temp: 98.5 °F (36.9 °C) (08/11/14 1812), Temp src: Temporal (08/11/14 1812), SpO2: 94 % (08/11/14 1812)

CLINICAL IMPRESSION

Final diagnoses:

Severe headache

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976. Sex: F Adm:8/11/2014, D/C:8/11/2014

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		13	Total	VI.	uo I	UV		nued)

ED Provider Notes (continued)

Uncontrolled diabetes mellitus

CODING

Coding

DISPOSITION, EDUCATION AND MEDICATION RECONCILIATION

Medications reconciled. See after visit summary for patient education on discharged patients.

Other ED Notes

ED Notes signed by Hines, Jennifer A, RN at 8/11/2014 3:08 PM

Hines, Jennifer A. RN Service: Author:

(none)

Author Type:

Registered Nurse

Filed:

8/11/2014 3:08 PM

Note Time: 8/11/2014 3:08 PM

Bed: HALL F

Expected date: 8/11/14 Expected time: 3:05 PM

Means of arrival: Rogers EMS

Comments:

36r head & neck pain 117/78 93sr 20resp 97% 343 cbg

Electronically signed by Hines, Jennifer A. RN at 8/11/2014 3:08 PM

ED Notes signed by Jenneman, Lauren A, RN at 8/11/2014 6:54 PM

Jenneman, Lauren A. Service: Author:

Author Type:

Registered Nurse

RN

Filed:

8/11/2014 6:54 PM

Note Time: 8/11/2014 6:53 PM

Patient discharged to home via wheelchair with family. Patient states feeling better. Discharge information and education provided to patient. Questions answered, understanding of discharge instruction verbalized. Printed copy given. Patient waiting with family for a driver to come and take her home.

Electronically signed by Jenneman, Lauren A, RN at 8/11/2014 6:54 PM

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976; Sex: F Adm:8/11/2014, D/C:8/11/2014

ER Records (continued)

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976. Sex: F Adm:8/11/2014, D/C:8/11/2014

Nursing Notes

ED Notes signed by Hines, Jennifer A, RN at 8/11/2014 3:08 PM

Hines. Jennifer A. RN Service:

(none)

Author Type:

Registered Nurse

Filed:

8/11/2014 3:08 PM

Note Time: 8/11/2014 3:08 PM

Bed: HALL F

Expected date: 8/11/14 Expected time: 3:05 PM Means of arrival: Rogers EMS

Comments:

36r head & neck pain 117/78 93sr 20resp 97% 343 cbg

Electronically signed by Hines, Jennifer A. RN at 8/11/2014 3:08 PM

ED Notes signed by Jenneman, Lauren A, RN at 8/11/2014 6:54 PM

Author:

Filed:

Jenneman, Lauren A. Service:

Author Type:

Registered Nurse

8/11/2014 6:54 PM

Note Time: 8/11/2014 6:53 PM

Patient discharged to home via wheelchair with family. Patient states feeling better. Discharge information and education provided to patient. Questions answered, understanding of discharge instruction verbalized. Printed copy given. Patient waiting with family for a driver to come and take her home.

Electronically signed by Jenneman, Lauren A, RN at 8/11/2014 6:54 PM

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

Discharge Instructions

Rojas, Ingrid M (MR # E1501344153)

None

Cardiac Cath Results

Cardiology Orders and Results

No orders and results found

Lab Orders and Results (08/11/14 - 08/11/14)

SPECIMEN HOLD, BLOOD [121236469]

Completed

Farnsworth, Beverly S 08/11/14 1728 Ordering user:

Ordering

Mmh External Provider

Authorized by:

Mmh, External Provider

provider:

Ordering mode:

Standard

Electronically

Farnsworth, Beverly S 08/11/14 1728

signed by:

Lab status:

Final result

Instance

8/11/2014 5:28 PM

Specimen:

Blood 08/11/14 1520

released on: Comments: green

Final result, Resulted on: 08/11/14 1730

Ordering provider:

Mmh, External Provider 08/11/14

Order Status:

Completed

Collected by:

1728 RODRIGUEZ, JEFF E

Resulting Lab:

MERCY HOSPITAL NORTHWEST

ARKANSAS LAB SVCS

Specimen:

Blood 08/11/14 1520

[14RG-223C0402]

> Value Component **EXTRATUBE** Green

SPECIMEN HOLD, BLOOD [126719567]

Ref Range

Flag

Comment

Lab ROGE LAB

RECEIVED

Completed

Ordering user:

Wilson, Lindsey M 08/11/14 1824

Ordering provider:

Mmhc, External Provider

Authorized by:

Mmhc, External Provider

Ordering mode:

Standard

Electronically

Wilson, Lindsey M 08/11/14 1824

Specimen:

Blood 08/11/14 1520

signed by: Lab status:

Final result

8/11/2014 6:24 PM

Instance released on:

Final result, Resulted on: 08/11/14 1825

Order Status:

Completed

Ordering provider: Mmhc External Provider 08/11/14

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS INGRID M MRN: E1501344153 DOB: 9/13/1976. Sex: F Adm:8/11/2014, D/C:8/11/2014

Lab Orders and Results (08/11/14 - 08/11/14) (continued)

SPECIMEN HOLD, BLOOD [126719567] (continued)

Completed

1824

Collected by:

BILLIARD, AMBER N

Resulting Lab:

MERCY HOSPITAL NORTHWEST

ARKANSAS LAB SVCS

Specimen:

Blood 08/11/14 1520

[14RG-223C0419]

Component **EXTRA TUBE**

RECEIVED

Value Lavender

Flag Ref Range

Address

Comment

Lab ROGE

LAB

Testing Performed By

Lab - Abbreviation 6 - ROGE LAB

Name MERCY HOSPITAL ROGER L. FINK. NORTHWEST

MD

Director

CLIA# 04D0671752

2710 RIFE MEDICAL LANE

04/11/12 0859 - Present

Valid Date Range

ARKANSAS LAB

SVCS

ROGERS AR 72758

Radiology Reports

RADIOLOGY ORDERS/RESULTS

No orders found for this encounter

All Other Orders and Results (08/11/14 - 08/11/14)

POC ELECTROLYTES/BMP [121236460]

Completed

Interface, Som Beaker 08/11/14 1530 Ordering user:

Ordering

Standard

mode:

Electronically

Interface, Som Beaker 08/11/14 1530

signed by:

Lab status:

Final result

Specimen:

Blood 08/11/14 1520

Authorized by: Poct, Interface Provider

Instance

8/11/2014 3:30 PM

released on:

Final result, Resulted on: 08/11/14 1530 (Abnormal) Order Status:

Completed Resulting Lab:

MERCY HOSPITAL NORTHWEST ARKANSAS LAB SVCS

Specimen:

Blood 08/11/14 1520

[14RG-223P0456]

Component

POC SODIUM

Value

138

Ref Range 138-146 mmol/L Comment

Flag

Lab ROGE

LAB

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976; Sex: F Adm:8/11/2014, D/C:8/11/2014

LECTROLYTES/BN		and Results (08/11/14			Completed
POC	4.3	3.5-5.0 mmol/L		-	ROGE LAB
POTASSIUM POC CHLORIDE	101	98-109 mmol/L		-	ROGE LAB
TOTAL CO2	23	24-29 mmol/L	L	-	ROGE LAB
POC POC BLOOD UREA NITROGEN	13	8-26 mg/dL		-	ROGE LAB
POC CREATININE	0.60	0.60-1.30 mg/dL		-	ROGE LAB
POC IONIZED CALCIUM	1.27	1.12-1.32 mmol/L		-	ROGE LAB
POC GLUCOSE	361	70-105 mg/dL	Н	-	ROGE LAB

torolec (TORAD	OL) injection 15 mg [121236461]			Completed
	Hines, Jennifer A, RN 08/11/14 1534	Ordering provider:	Holland, Bradly Shane, MD	in inches in the best in the consequences of t
Authorized by:	Holland, Bradly Shane, MD	Ordering mode:	Verbal with readback	
Frequency:	STAT ONCE 08/11/14 1545 - 1 Occurrences			
Electronically signed by: Acknowledged:	Holland, Bradly Shane, MD 08/11/14 173 Communicator - Hines, Jennifer A, RN Hines, Jennifer A, RN 08/11/14 1534 for Placing Order	4, for Ordering i	n Verbal with readback mode,	
OPazanam (ATIV	AN) 2 mg/mL injection 1 mg [12123646]	2]		Completed
Ordering user:	Hines, Jennifer A, RN 08/11/14 1534	Ordering provider:	Holland, Bradly Shane, MD)
Authorized by:	Holland, Bradly Shane, MD	Ordering mode:	Verbal with readback	
Frequency:	STAT ONCE 08/11/14 1545 - 1 Occurrences			
Electronically signed by: Acknowledged:	Holland, Bradly Shane, MD 08/11/14 173 Communicator - Hines, Jennifer A, RN Hines, Jennifer A, RN 08/11/14 1534 for Placing Order	34, for Ordering	in Verbal with readback mode,	
Admin instruction Protect from L	ons:			
SODIUM CHLORI	DE 0.9 % INJECTION SYRINGE [121236	463]		Discontinue
Ordering user:	Interface, Som Aok Incoming Ads	Ordering	Standard	

ROGR HEALTH INFORMATION

2710 Rife Medical Lane

Dispense 08/11/14 1535

ROJAS, INGRID M

MRN: E1501344153

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976. Sex: F Adm:8/11/2014, D/C:8/11/2014

All Other Orders and Results (08/11/14 - 08/11/14) (continued)

SODIUM CHLORIDE 0.9 % INJECTION SYRINGE [121236463]

(continued)

Discontinued

Frequency:

08/11/14 1535 - 1 Occurrences

Electronically

Interface, Som Aok Incoming Ads Dispense 08/11/14 1535

signed by:

Discontinued

Provider, Discharge Patient 08/11/14

by:

2054 [Patient Discharge]

Admin instructions:

Dunlap OMNICELL: cabinet override

Medication comments:

Dunlap OMNICELL: cabinet override

KETOROLAC 30 MG/ML (1 ML) INJECTION SOLUTION [121236464]

Dispense 08/11/14 1535

Completed

Ordering user:

Interface, Som Aok Incoming Ads

Ordering

mode:

Frequency:

08/11/14 1535 - 1 Occurrences

Electronically

Interface, Som Aok Incoming Ads Dispense 08/11/14 1535

signed by:

Admin instructions:

Dunlap OMNICELL: cabinet override

Medication comments:

Dunlap OMNICELL: cabinet override

LORAZEPAM 2 MG/ML INJECTION SOLUTION [121236465]

Dispense 08/11/14 1535

Completed

Ordering user:

Interface, Som Aok Incoming Ads

Ordering mode:

Standard

Standard

Frequency:

08/11/14 1535 - 1 Occurrences

Electronically

Interface, Som Aok Incoming Ads Dispense 08/11/14 1535

signed by:

Admin instructions:

Dunlap OMNICELL: cabinet override

Medication comments:

Dunlap OMNICELL: cabinet override

INTAKE AND OUTPUT [121236466]

Cancel Held

Ordering user:

Edmunds, Cara E, RN 08/11/14 1656

Ordering

Holland, Bradly Shane, MD

Authorized by:

Holland, Bradly Shane, MD

provider: Ordering

Scope of Practice - No Cosign

mode:

Required

Frequency:

ROUTINE q 4 hour 08/11/14 2000 - 3

Days

Electronically signed by:

Edmunds, Cara E, RN 08/11/14 1656

Canceled by:

Provider, Discharge Patient 08/11/14

2054

Comments:

Virtual Sepsis Unit Admission: I/O Q4hrs x72 hours if not already being done more frequently. Return to routine I/O in 72 hours.

> ROGR HEALTH INFORMATION 2710 Rife Medical Lane

MERCY HOSPITAL NORTHWEST ARKANSAS

2710 Rife Medical Lane Rogers, AR 72758-1452 ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

TAL SIGNS [1212	2364671		(Cancel Hele
Ordering user:	Edmunds, Cara E, RN 08/11/14 1656	Ordering	Holland, Bradly Shane, MD	***************************************
Ordening user.	Editional, Cara E, Rivisa Fin Financia	provider:		
Authorized by:	Holland, Bradly Shane, MD	Ordering mode:	Scope of Practice - No Cosig Required	jn
Frequency:	ROUTINE q 4 hour 08/11/14 2000 - 3 Days			
Electronically	Edmunds, Cara E, RN 08/11/14 1656			
signed by:		Canceled by:	Provider, Discharge Patient 2054	08/11/14
Comments:				-41
Virtual Sepsis return to routin	Unit Admission: Virtual Sepsis Unit vital sign ie vitals in 72 hours.	s Q4hrs if not a	ilready being done more freque	ntiy,
JDIJDUino (NIJD	AIN) injection 10 mg [121236470]			Complete
January and the second		Ordering	Holland, Bradly Shane, MD	
Ordering user:	Holland, Bradly Shane, MD 08/11/14 1734	provider:	Fioliana, Bradiy Grane, ins	
Authorized by:	Holland, Bradly Shane, MD	Ordering mode:	Standard	
Frequency:	ROUTINE ONCE 08/11/14 1745 - 1 Occurrences			
Electronically signed by:	Holland, Bradly Shane, MD 08/11/14 1734			
Acknowledged:	Jenneman, Lauren A, RN 08/11/14 1740 for Placing Order			
odium chloride ()	.9% bolus solution 1,000 mL [121236471]			Complete
	Holland, Bradly Shane, MD 08/11/14	Ordering	Holland, Bradly Shane, MD	
Ordering user:	1734	provider:	, , , , , , , , , , , , , , , , , , , ,	
Authorized by:	Holland, Bradly Shane, MD	Ordering mode:	Standard	
Frequency:	ROUTINE ONCE 08/11/14 1745 - 1 Occurrences			
Electronically signed by:	Holland, Bradly Shane, MD 08/11/14 1734			
Acknowledged:	Jenneman, Lauren A, RN 08/11/14 1740 for Placing Order			
rochlorperazine	(COMPAZINE) injection 10 mg [12671956	5]		Complete
Ordering user:	Holland, Bradly Shane, MD 08/11/14 1734	Ordering provider:	Holland, Bradly Shane, MD	
Authorized by:	Holland, Bradly Shane, MD	Ordering mode:	Standard	
Frequency:	ROUTINE ONCE 08/11/14 1745 - 1 Occurrences			
Electronically	Holland, Bradly Shane, MD 08/11/14 1734			
signed by: Acknowledged:	Jenneman, Lauren A, RN 08/11/14 1740			
	ROGR HEALTH INFO	RMATION	ROJAS, INGRID M MRN: E1501344153	

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976. Sex: F Adm:8/11/2014, D/C:8/11/2014

All Other Orders and Results (08/11/14 - 08/11/14) (continued)

prochlorperazine (COMPAZINE) injection 10 mg [126719565] (continued)

Completed

for Placing Order

Admin instructions

Give SLOW IV-push - NOT to exceed 5 mg/minute

DISCHARGE PATIENT [126719569]

Discontinued

Holland, Bradly Shane, MD 08/11/14 Ordering user:

Ordering provider:

Holland, Bradly Shane, MD

Ordering

Standard

mode:

Holland, Bradly Shane, MD 08/11/14 1831 Electronically

signed by: Instance

released on:

Authorized by:

8/11/2014 6:31 PM

Discontinued

Provider, Discharge Patient 08/11/14

by:

2054 [Patient Discharge]

Holland, Bradly Shane, MD

Testing Performed By

Valid Date Range Director Address Lab - Abbreviation Name CLIA# 04D0671752 04/11/12 0859 - Present ROGER L. FINK. 6 - ROGE LAB MERCY HOSPITAL 2710 RIFE MEDICAL MD NORTHWEST ARKANSAS LAB LANE

SVCS

ROGERS AR 72758

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

Surgical Information

All Meds and Administrations

ketorolac (TORADOL) injection 15 mg [121236461]

Status: Completed (Past End Date/Time)

Status: Completed (Past End Date/Time)

Ordering Provider: Holland, Bradly Shane, MD

Ordered On: 08/11/14 1534

Dose (Remaining/Total): 15 mg (0/1)

Route: IV

Admin Instructions:

Starts/Ends: 08/11/14 1545 - 08/11/14 1537

Frequency: ONE TIME ONLY

Rate/Duration: -/-

Comments:

Administration Status Dose Route Site Given By

08/11/14 1537 Given 15 mg IV Hines, Jennifer A, RN

Comments: right hand

LORazepam (ATIVAN) 2 mg/mL injection 1 mg [121236462]

Ordering Provider: Holland, Bradly Shane, MD

Ordered On: 08/11/14 1534

Dose (Remaining/Total): 1 mg (0/1)

Route: IV

Admin Instructions: Protect from Light

Starts/Ends: 08/11/14 1545 - 08/11/14 1538

Frequency: ONE TIME ONLY

Rate/Duration: -/-

Comments:

					\$ XX 0 XX 0 1		2000
Administration			Dauta	****************	Given	BV	0.000
Administration	Status	Dose	Route			and an accordance and accordance	named
***************************************			13.7		Hinos	Jennifer A. RN	
08/11/14 1538	Given	1 ma	IV		LILIES.	definite A. 1314	

SODIUM CHLORIDE 0.9 % INJECTION SYRINGE [121236463]

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordering Provider:

Ordered On: 08/11/14 1535

Dose (Remaining/Total): - (1/1)

Route:

Admin Instructions: Dunlap OMNICELL: cabinet

override

Starts/Ends: 08/11/14 1535 - 08/11/14 2054

Frequency: -

Rate/Duration: -/-

Comments: Dunlap OMNICELL: cabinet override

| Administration Status Dose | Route | Site | Given By | 08/11/14 1545 | Due

nalBUPHine (NUBAIN) injection 10 mg [121236470]

Ordering Provider: Holland, Bradly Shane, MD

Ordered On: 08/11/14 1734

Dose (Remaining/Total): 10 mg (0/1)

Route: IV

Admin Instructions:

Status: Completed (Past End Date/Time)

Starts/Ends: 08/11/14 1745 - 08/11/14 1754

Frequency: ONE TIME ONLY

Rate/Duration: -/-

Comments:

Administration Status Dose Route Site Given By
08/11/14 1754 Given 10 mg IV Jenneman, Lauren A, RN

ROGR HEALTH INFORMATION 2710 Rife Medical Lane

ROJAS INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

Surgical Information (continued)

All Meds and Administrations (continued)

sodium chloride 0.9% bolus solution 1,000 mL [121236471]

Status: Completed (Past End Date/Time)

Ordering Provider: Holland, Bradly Shane, MD

Ordered On: 08/11/14 1734

Dose (Remaining/Total): 1,000 mL (0/1)

Route: IV

Admin Instructions:

Starts/Ends: 08/11/14 1745 - 08/11/14 1841

Frequency: ONE TIME ONLY

Rate/Duration: 2,000 mL/hr / 30 Minutes

Comments:

Site Given By Administration Status Dose Route Jenneman, Lauren A. RN

08/11/14 1841

08/11/14 1746

Stopped 0 mL Rate: 0 mL/hr

New Bag 1,000 mL

Rate: 2.000 mL/hr

IV Duration: 30 Minutes

IV

Duration: 30 Minutes

Jenneman, Lauren A, RN

prochlorperazine (COMPAZINE) injection 10 mg [126719565]

Ordering Provider: Holland, Bradly Shane, MD

Ordered On: 08/11/14 1734

Dose (Remaining/Total): 10 mg (0/1)

Route: IV

Admin Instructions: Give SLOW IV-push - NOT to

exceed 5 mg/minute

Starts/Ends: 08/11/14 1745 - 08/11/14 1751

Status: Completed (Past End Date/Time)

Frequency: ONE TIME ONLY

Rate/Duration: -/-

Comments:

Given By Site Route Administration Status Dose Jenneman, Lauren A. RN IV 10 mg 08/11/14 1751 Given

ROJAS,INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

Multi-Disciplinary Problems (Ad	ctive)
	Care Plan
There are no active problems.	
Multi-Disciplinary Problems (Re	esolved)
There are no resolved problems.	
	Patient Education
Patient Education	
None	

ROJAS,INGRID M MRN: E1501344153 DOB: 9/13/1976; Sex: F Adm:8/11/2014, D/C:8/11/2014

wsheet (all record	ed)			
Acuity			<u> </u>	
Triage Acuity	08/11/14 1508			
ESI	3 Urgent -AB			
Quick Assessr			%	
Airway	Patent -AB			
Skin/Color	Spontaneous -AB consistent with ethnicity -AB			
Bleeding	No -AB			
	wake/Alert -AB			\$20.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Consciousne				
SS				
A				
Admit All Ages	00/44/44 4504	08/11/14 1607	08/11/14 1812	
**	08/11/14 1521	108/11/14 160/	V0111/14 1012	1
Mental Health	anxious		> × × × × × × × × × × × × × × × × × × ×	
Observed Emotional State	pt yelling and crying very loudly -AB			
Thought Processes	Alert -AB			
Pain Scale and	d Description			
Pain	Yes-AB	Yes-AB		
Pain Rating: Rest	10 -АВ	9 -AB	8 -LJ	
Pain Rating: Activity			8-LJ	
Location	head -AB	head pt appears calm and in no distress -AB	head -LJ	
Description: Quality	aching -AB			000 000 000 000
Description: o Frequency	constant -AB	consta	nt -LJ	
Adult Screening	Questions			
Addit Ociccining	08/11/14 1605		XX 0 0 X 0 0 X 0 0 X 0 0 X 0 0 X	
Domestic Con		ryone about violenc	e and abuse)	
Are you in a	No -AB	9 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , , ,	
relationship	No -AB			
with someone				
who hurts you				
emotionally and/or				
physically?				

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976; Sex: F Adm:8/11/2014; D/C:8/11/2014

wsheet (all recorde	d) (continued)	
Ambulation	independent -AB	
Transferring	independent -AB	
Toileting	independent -AB	x = x = = x = x = x = x = x = x = x = x
Fall Risk Asses	sment (every shift)(for 18 yrs. and older)	
High Fall Risk per Nurses Judgment	1-AB	
Patient Safety		
Armband, In Place/Activated	Identification -AB	
Safety Factors - Adult	ID band on;call light in reach;wheels locked;bed in low position -AB	
Adult Suicide R	isk Assessment (Ages 19 and older)	
Is this encounter related to suicidal behavior/attem	O-AB	
pt?		
Cultural and Sp	AT ACT III III III III III III III III III I	
Spiritual and N	-AB	

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

Cardiac Assessme	nt	
	08/11/14 1812	
Cardiovascular		
Cardiac W	DL-LJ	
(WDL)		0.0000000000000000000000000000000000000
Custom Formula D		
	08/11/14 1510	
OTHER		
ideal Body Weight (Calculated) MALE	56.9 kg-re	
Low Range Vt 6cc/kg MALE	341.4 mL -RE	
Adult Moderate Range Vt 8cc/kg MALE	455.2 mL -RE	
Adult High Range Vt 10cc/kg MALE	569 mL -RE	
ldeal Body Weight (Calculated) Female (kg)	52.4 kg-RE	
Low Range Vt 6cc/kg FEMALE	314.4 mL -RE	
Adult Moderate Range Vt 8cc/kg FEMALE	419.2 mL -RE	
Adult High Range Vt 10cc/kg FEMALE	524 mL -RE	
General Heigh	and Weights	
Percent IBW Male	135.53 % -RE	
Percent IBW 1 Female	17.17 %-RE	
Decision Support	08/11/14 1854	
Adult Acuity S		
Readmission Risk Score	6-LJ	
CHA2DS2- VASc Score (Used for	3-LJ	

patients with

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976; Sex: F Adm:8/11/2014; D/C:8/11/2014

Flowsheets (continued)

Flowsheet (all recorded) (continued)

atrial fibrillation)

HAS-BLED 2-LJ Score (Used for patients

with atrial fibrillation)

ROJAS,INGRID M MRN: E1501344153 DOB: 9/13/1976, Sex: F Adm:8/11/2014, D/C:8/11/2014

	nt	
	08/11/14 1812	
Gastrointestin	al	
Gastrointestina	I WDL-LJ	
(WDL)		
Pain Scale an	1 Description	
Pain Rating:	8-LJ	
Rest		
Pain Rating:	8 -LJ	
Activity		
Location	head -LJ	************
	constant -LJ	
Frequency		0.000.000.000.000
D Boon Accord	mont	
D Resp Assess	08/11/14 1812	
	VOI 1 11.14 10.12	
Respiratory		
Respiratory	WDL-LJ	
Respiratory (WDL)	WDL -LJ	
Respiratory (WDL) Pain Scale an	WDL -LJ d Description	
Respiratory (WDL)	WDL -LJ	
Respiratory (WDL) Pain Scale an Pain Rating: Rest	WDL -LJ d Description	
Respiratory (WDL) Pain Scale an Pain Rating:	WDL -LJ d Description	
Respiratory (WDL) Pain Scale an Pain Rating: Rest	WDL -LJ d Description 8 -LJ	
Respiratory (WDL) Pain Scale an Pain Rating: Rest Pain Rating:	WDL -LJ d Description 8 -LJ	

Ci	-	10	Vital	-
 		_	M III OII	-

Description:

Frequency

constant -LJ

	08/11/14 1510	08/11/14 1521 0	3/11/14 1607	08/11/14 1729	08/11/14 1812
VITALS TIMER					
RESTART VITALS TIMER	YES-RE				YES-LJ
Vitals					
Temp	98.4 °F (36.9 °C) - RE				98.5 °F (36.9 °C) -LJ
Temp src	Temporal -RE				Temporal-LJ
Heart Rate (Monitored)	100 bpm-RE			82 bpm-ab	85 bpm-LJ
BP	! 127/92 mmHg- RE			11 1/72 mmHg-Aв	113/67 mmHg LJ
Mean Arterial Pressure	101 MM HG-RE				
BP Location	Left arm -RE				
Patient Position	Supine -RE				
Resp	24-RE				
SpO2	100 % -RE			100 % -AB	94 % -LJ
Oxygen Therapy O2 Device	Room air -RE			Room air-AB	Room air -LJ

		Flowsneets	(continued)	
owsheet (all recorde		5 25 25 36 32 30 30 30 30 30 30 30 30 30 30 30		
Height and Weig	a ht)	(x	.233.2322322322322322322323
Height	5' 3" (1.6 m) -RE			
	Stated -RE			
Weight	170 lb (77.111 kg) -RE			
Weight Method	Stated -RE			
BSA (Calculated)	1.85-RE			
BMI (Calculated)	30.18 -RE			
IBW/kg (Calculated) Female	52.4 kg-RE			
IBW/kg (Calculated) Male	56.9 kg-RE			
Pain				
Pain Scales				yes-LJ
Pain Rating:		10 -AB	9 -AB	8-LJ
Rest				
				8-LJ
Pain Rating: Activity				
Location		head -AB	head pt appears calm and in no distress -AB	head-LJ
Description:		aching -AB		
Quality		3		
Description:		constant -AB		constant -LJ
Frequency				
Additional Pair	Scalog			

Additional Pain	yes-RE			
Scales	-taloushar Saala	(0.40).9		
***************************************	ent/Number Scale	(V-10) Z		
Presence of Pain	complains of pain/discomfort - RE			
Location: Orientation	Left: -RE			
Location Pain Rating: Rest	head;neck-RE 10-RE			
Description: Quality	sharp-RE			

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976; Sex: F Adm:8/11/2014; D/C:8/11/2014

	08/11/14 1521	08/11/14 160	7 08/11/14 1812	
Dain Scale an	d Description			
	Yes-AB	Yes-AB	200200200200	
Pain			0	
Pain Rating: Rest	10 -AB	9 -AB	8 -LJ	
Pain Rating: Activity			8-LJ	
Location	head -AB	head pt appears calm no distress -AB	head -LJ and in	
Description: Quality	aching -AB			
	constant -AB	C	onstant -LJ	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
nes				
	08/11/14 1538			
[REMOVED]	Peripheral IV 08/11/	14 1538 Right H	land 20 gauge	
Properties	Placement Date:	08/11/14 -JH P	lacement Time: 1538 -JH Pre-	Hospital Start: No -JH
. Topolitos	Orientation: Righ	nt -JH Location	Hand -JH Gauge: 20 gauge -	JH Removal Date: 08/11/14 -
	L.I.Removal Tim	e 1841 - L.I.Ren	noval Indication: no longer indi	icated -LJ Removal
	Interventions: di	ract proseurers	atheter intact -LJ	
		rect pressure;c	auletei ilitact -LJ	
Peripheral IV (WDL)	WDL -JH			
Dressing	clean; dry and			
	0.00			
Status/Interve				
Status/Interve				
Status/Interve	nt intact-JH			20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Status/Interve ions Line	nt intact-JH blood			
Status/Interve ions Line	blood specimen			
Status/Interve ions Line	blood specimen obtained and			
Status/Interve ions Line	blood specimen			
Status/Interve ions Line Interventions	blood specimen obtained and sent to lab-JH			
Status/Interve ions Line	blood specimen obtained and sent to lab-JH			
Status/Interve ions Line Interventions euro Assessm	blood specimen obtained and sent to lab-JH ent 08/11/14 1812			
Status/Interve ions Line Interventions euro Assessm	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro			
Status/Interve ions Line Interventions euro Assessm Cognitive/Pe Cognitive/Per	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro c WDL except			
Status/Interve ions Line Interventions euro Assessm Cognitive/Per Cognitive/Per eptual/Neuro	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 cceptual/Neuro c WDL except c/o headache, no			
Status/Interve ions Line Interventions euro Assessm Cognitive/Pe Cognitive/Per	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro c WDL except	rs		
Status/Interve ions Line Interventions euro Assessm Cognitive/Per Cognitive/Per eptual/Neuro	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro c WDL except c/o headache, no vomting after medication pt appea drowsy and awakens	5		
Status/Interve ions Line Interventions euro Assessm Cognitive/Per Cognitive/Per eptual/Neuro	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro c WDL except c/o headache, no vomting after medication pt appea drowsy and awakens to verbal commands	S		
Status/Interve ions Line Interventions euro Assessm Cognitive/Per Cognitive/Per eptual/Neuro	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro c WDL except c/o headache, no vomting after medication pt appea drowsy and awakens to verbal commands no distress. rates pa	S		
Status/Interve ions Line Interventions euro Assessm Cognitive/Per Cognitive/Per eptual/Neuro (WDL)	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro c WDL except c/o headache, no vomting after medication pt appea drowsy and awakens to verbal commands no distress, rates pa 8/10-LJ	S		
Status/Interve ions Line Interventions euro Assessm Cognitive/Pe Cognitive/Per eptual/Neuro (WDL) Pain Scale a	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro C WDL except c/o headache, no vomting, after medication pt appea drowsy and awaken to verbal commands no distress, rates pa 8/10 - LJ nd Description	S		
Status/Interve ions Line Interventions euro Assessm Cognitive/Pe Cognitive/Per eptual/Neuro (WDL) Pain Scale at Pain Rating:	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro c WDL except c/o headache, no vomting after medication pt appea drowsy and awakens to verbal commands no distress, rates pa 8/10-LJ	S		
Status/Interve ions Line Interventions euro Assessm Cognitive/Pe Cognitive/Per eptual/Neuro (VVDL) Pain Scale ai Pain Rating: Rest	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro c WDL except c/o headache, no vomting after medication pt appea drowsy and awakens to verbal commands no distress, rates pa 8/10 - LJ nd Description 8 - LJ	S		
Status/Interve ions Line Interventions euro Assessm Cognitive/Pe Cognitive/Per eptual/Neuro (WDL) Pain Scale ai Pain Rating: Rest Pain Rating:	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro C WDL except c/o headache, no vomting, after medication pt appea drowsy and awaken to verbal commands no distress, rates pa 8/10 - LJ nd Description	S		
Status/Interve ions Line Interventions euro Assessm Cognitive/Per Cognitive/Per eptual/Neuro (WDL) Pain Scale at Pain Rating: Rest Pain Rating: Activity	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro c WDL except c/o headache, no vomting after medication pt appea drowsy and awakens to verbal commands no distress, rates pa 8/10-LJ nd Description 8-LJ 8-LJ	S		
Status/Interve ions Line Interventions euro Assessm Cognitive/Pe Cognitive/Per eptual/Neuro (WDL) Pain Scale al Pain Rating: Rest Pain Rating: Activity Location	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro C WDL except c/o headache, no vomting after medication pt appea drowsy and awakens to verbal commands no distress, rates pa 8/10-LJ nd Description 8-LJ head-LJ	S		
Status/Interve ions Line Interventions euro Assessm Cognitive/Per Cognitive/Per eptual/Neuro (WDL) Pain Scale at Pain Rating: Rest Pain Rating: Activity	blood specimen obtained and sent to lab-JH ent 08/11/14 1812 rceptual/Neuro c WDL except c/o headache, no vomting after medication pt appea drowsy and awakens to verbal commands no distress, rates pa 8/10-LJ nd Description 8-LJ 8-LJ	S		

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976; Sex: F Adm:8/11/2014, D/C:8/11/2014

(r) = User Recd, (t) = User Taken, (c) = User

08/11/14 1740 08/11/14 1812	
Lauren, RN-AB	
Amber, RN-AB	
	X 20 0 X 2 0 X X 2 X X 2 X X 2 X X
Room air -LJ	
	08/11/14 1740

Virtual Sepsis			
	08/11/14 1512		
Virtual Sepsi			
EWIS Trigger	yes-cE		
Fired?			

User Key		Cosigned		
Initials	Name	Effective Dates		
JH	Hines, Jennifer A, RN	04/05/14 -		
RF	Estevez, Ronald R	07/15/14 -		
1.1	Jenneman, Lauren A, RN	02/14/14 -		
CF	Edmunds, Cara E. RN	06/05/14 -		
AR		07/03/13 -		

ROJAS, INGRID M MRN: E1501344153 DOB: 9/13/1976. Sex: F Adm:8/11/2014, D/C:8/11/2014

Encounter-Level Documents - 8/11/14: (continued)

Rojas, Ingrid M (MR # E1501344153) DOB: 09/13/1976

MMHED-HF-HALL T





Mercy Hospital Northwest Arkansas Emergency Department 2710 Rife Medical Lane

Rogers AR 72758-1452 Phone: 479-338-2977 Fax: 479-338-2945

After Visit Summary

8/11/2014 Emergency Department

Ingrid M Rojas | MRN: E1501344153

About your visit

Arrival Department

Provider

Encounter

08/11/2014 1508 Rogr Emergency

Department

Holland, Bradly Shane,

54306712

Disclaimer

Important: You were examined and treated today on an emergency basis. This was not a substitute for, nor an effort to provide, complete and ongoing medical care.

On arrival to the Emergency Department, your home medications were reviewed with you by the Emergency Dept staff. Any new medications or changes to your existing medications are noted. below in the "Instructions and Follow Up - Your Medications" section. You should follow up with your primary care and specialty physicians as directed for ongoing medication management

You should contact the Emergency Dept, or your physician for questions. Follow up as directed in your discharge/follow up instructions or Return to the Emergency Department for any New. Persistent, or Worsening symptoms.

I have received a copy of the Discharge Instructions provided with the After Visit. Summary, and understand the plan of care.

Signature Date and Fine

Rojas ingrid Na E150:344143 9/13/1926 V CSN: 44306712

Energency ADM 8/1/14

Nurse Signature:

Date and Time:

Page 1 of 1

End of Encounter

1 Vi